# CAPITAL MEDICAL SOCIETY FOUNDATION SCHOLARSHIP APPLICATION 2026

These unrestricted financial scholarships are made to first and second year medical students at the FSU College of Medicine and third and fourth year medical students at the Tallahassee Regional Campus of FSU College of Medicine on the basis of financial need.

**Please type or print clearly**

**Name:** _____

**Mailing Address:** _____

**Phone:** _____

**Email Address:** _____

**Year in Medical School:** _____

1. What prompted your decision to attend medical school?

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2. What is the amount of debt you have incurred in your undergraduate career?

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3. What is the amount of debt you have incurred in medical school thus far?

4. Describe your financial resources and needs for this academic year:

5. What kind of family financial support do you foresee?

6. How do you plan to finance and manage your expenses for this academic year?

7. Do you plan to apply to the military or Public Health Service for a scholarship commitment?

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8. Where did you attend High School? Where did you attend College?

_____
_____
_____

9. Have you joined the Capital Medical Society?_____
Have you joined the Florida Medical Association? _____

10. What is your grade point average?
Science? _____
MCAT Scores? _____
General? _____

If the CMS Foundation Scholarship Committee is interested, may we obtain a copy of your transcript? _____

11. Any other information you feel would be helpful to the Committee?

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I hereby authorize the CMS Foundation Scholarship Committee to review my official records.

(Applicant's Signature)

**Please return by July 1, 2026 to:**
**Capital Medical Society, 1204 Miccosukee Road, Tallahassee, FL 32308**
**Fax: (850) 878-0218 Email: rcarlin@capmed.org**

Rev 9/5/02; 7/24/03; 5/24/04; /5/3/10; 5/1/12; 12/17/12; 4/29/13; 3/19/14; 5/6/2015; 4/26/16; 8/8/2016; 3/9/18; 4/23/19; 5/13/2020; 1/7/2021; 10/15/2021; 3/30/2023; 4/2/2024; 4/14/2025/4/21/2026